

10/520862

Rec'd DEC 10 2005 10 DEC 2005

**Application Data Sheet**

**Application Information**

**Application number::**

**Filing Date::**

**Application Type::**

**Regular**

**Subject Matter::**

**Utility**

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::**

**None**

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form  
(CRF)?::**

**No**

**Number of Copies of CRF::**

**Title::**

**NMR Apparatus**

**Attorney Docket Number::**

**0074-510506**

**Request for Early Publication?::**

**No**

**Request for Non-Publication?::**

**No**

**Suggested Drawing Figure::**

**Total Drawing Sheets::**

**12**

**Small Entity?::**

**Yes**

**Latin name::**

**Variety Denomination name::**

**Petition included?::**

**No**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

**No**

10/520862

Received 10/10/2005 10:11:23 2005

**Applicant Information**

**Applicant Authority Type::**

**Inventor**

**Primary Citizenship**

**New Zealand**  
**Full Capacity**

**Country::**

**Status::**

**Given Name::**

**Paul**

**Middle Name::**

**Terence**

**Family Name::**

**Callaghan**

**Name Suffix::**

**City of Residence::**

**Wellington**

**State or Province of  
Residence::**

**Country of Residence::**

**New Zealand**

**Street of mailing address::**

**313A The Terrace**

**City of Mailing address::**

**Wellington**

**State or Province of  
mailing address::**

**Country of mailing  
address::**

**New Zealand**

**Postal or Zip Code of  
mailing address::**

## **Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship</b>	
<b>Country::</b>	<b>New Zealand</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Mark</b>
<b>Middle Name::</b>	<b>Warwick</b>
<b>Family Name::</b>	<b>Hunter</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Wellington</b>
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	<b>New Zealand</b>
<b>Street of mailing address::</b>	<b>3 Aplin Terrace</b>
<b>City of Mailing address::</b>	<b>Wellington</b>
<b>State or Province of mailing address::</b>	
<b>Country of mailing address::</b>	<b>New Zealand</b>
<b>Postal or Zip Code of mailing address::</b>	

## **Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship</b>	
<b>Country::</b>	<b>New Zealand</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Robin</b>
<b>Middle Name::</b>	
<b>Family Name::</b>	<b>Dykstra</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Palmerston North</b>
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	<b>New Zealand</b>
<b>Street of mailing address::</b>	<b>85 Kahuterawa Road, RD4</b>
<b>City of Mailing address::</b>	<b>Palmerston North</b>
<b>State or Province of mailing address::</b>	
<b>Country of mailing address::</b>	<b>New Zealand</b>
<b>Postal or Zip Code of mailing address::</b>	

## **Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship</b>	
<b>Country::</b>	<b>New Zealand</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Craig</b>
<b>Middle Name::</b>	<b>David</b>
<b>Family Name::</b>	<b>Eccles</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Wellington</b>
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	<b>New Zealand</b>
<b>Street of mailing address::</b>	<b>5 Blandford Way</b>
<b>City of Mailing address::</b>	<b>Wellington</b>
<b>State or Province of mailing address::</b>	
<b>Country of mailing address::</b>	<b>New Zealand</b>
<b>Postal or Zip Code of mailing address::</b>	

**Correspondence Information**

**Correspondence Customer**

**Number::** **000110**

**Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing  
address::**

**Country of mailing address::**

**Postal or Zip Code of mailing  
address::**

**Phone number::** **215-563-4100**

**Fax Number::** **215-563-4044**

**E-Mail address::** **vpace@ddhs.com**